

APPENDIX C.1

Mobilization Request Checklist

PART I - MOBILIZATION AUTHORIZATION

1. **INCIDENT COMMAND** Date: _____ Time: _____
- a. Requesting Agency: _____ Tel: (____) _____
- b. Incident Commander _____ Tel: (____) _____
- c. Regional Resource Coordinator contacted? Yes[☐] No[☐] _____
(Name/Phone Number)
2. **INCIDENT LOCATION**
- a. Describe location relative to roads/towns: _____
- b. What fire district is it in? _____
- c. What land is it on? (*circle as many as apply*) **Private Federal State Unprotected**
- d. Estimated time to control with current resources? (Hours ____) (Days ____) (Unknown ____)
3. **INCIDENT DESCRIPTION** – (such as hazmat; marine fire; commercial; highrise fire; interface; wilderness fire; brush fire):

a) More than one incident? Yes[<input type="checkbox"/>] No[<input type="checkbox"/>]	b) Duration: _____ Hours
c) How are the weather conditions affecting the incident? Temperature _____ Wind _____ Conditions affecting incident?	d) Approximate size of incident? (<i>Circle one</i>) Acres <50 100 500 1,000 5,000 OTHER: Blocks _____ Sq Miles _____
e) What fuels are present? (<i>Circle as apply</i>) Brush Trees Crops forest Structural Interface Other fuels:	

4. **LIFE AND PROPERTY AT RISK**
- a. What is at risk? (*Circle as many as apply*)
- Lives Structures Subdivision Homes Crop Orchard Forest**
- b. Homes immediately threatened, if any? (*Circle one*) **<25 25+ 50+ 100+**
- c. Evacuation: **Yes[☐] No[☐] Probable[☐]** (*Circle number of people*) **<25 50+ 100+**
5. **RESOURCES PRESENT**
- a. Estimated resources in use: (Personnel: _____) (Apparatus: _____)
- b. Have or will local mutual aid resources be exhausted? **Yes[☐] No[☐]** When? _____
- c. Will you still need resources if it takes 4-6 hours to get there? **Yes[☐] No[☐]**

INSTRUCTIONS: Convey to State Emergency Management Duty Officer 1-800-258-5990.
FAX (253) 512-7203.